



Report Identification Number: RO-15-013

Prepared by: Rochester Regional Office

Issue Date: 11/19/2015

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	MN-Medical Neglect	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

Case Information



Report Type: Child Deceased
Age: 19 day(s)

Jurisdiction: Monroe
Gender: Male

Date of Death: 04/20/2015
Initial Date OCFS Notified: 04/20/2015

Presenting Information

According to the Agency Reporting Form for Serious Injuries, Accidents, or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive Cases completed by MCDHS, the subject child (SC) was diagnosed with necrotizing enterocolitis (NEC) which was common in premature babies and the SC's kidney's shut down. The hospital was caring for the child due to his medical issues until his death.

Executive Summary

This fatality report concerns the death of a 19-day-old male that occurred on 4/20/15. According to the death certificate received by MCDHS, the SC's manner of death was natural causes. The immediate cause was bacterial sepsis due to or as a consequence of NEC and prematurity. MCDHS had an open SCR investigation at the time of the SC's death.

The biological mother (BM) went into labor 10 weeks early and delivered the SC and his twin on 4/1/15. According to the Social Worker (SW) at the hospital and medical documentation, the SC was diagnosed with NEC which was common in premature babies; however, the SC's kidney's shut down and his health declined. The SC remained hospitalized until his death on 4/20/15.

MCDHS found the BM tested positive once during her pregnancy for marijuana; however, this was deemed by medical professionals not to be the cause of the SC's illness and death.

The surviving twin was released home from the hospital and was doing well. MCDHS had no safety concerns regarding the siblings at the close of the SCR investigation.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** N/A
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** N/A
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

Explain:



n/a

Was the decision to close the case appropriate?

Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?

Yes

Was there sufficient documentation of supervisory consultation?

Yes, the case record has detail of the consultation.

Explain:

n/a

Required Actions Related to the Fatality

Are there Required Actions related to the compliance issue(s)? Yes No

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 04/20/2015

Time of Death: 10:17 AM

Time of fatal incident, if different than time of death: Unknown

County where fatality incident occurred:

MONROE

Was 911 or local emergency number called?

No

Did EMS to respond to the scene?

No

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

Did child have supervision at time of incident leading to death? Yes

Is the caretaker listed in the Household

Composition? No

At time of incident supervisor was: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality



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Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	19 Day(s)
Deceased Child's Household	Mother	No Role	Female	30 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Deceased Child's Household	Sibling	No Role	Male	19 Day(s)
Deceased Child's Household	Sibling	No Role	Male	15 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)
Other Household 1	Father	No Role	Male	40 Year(s)
Other Household 2	Other Adult	No Role	Male	40 Year(s)
Other Household 3	Other Adult	No Role	Male	28 Year(s)
Other Household 4	Other Adult	No Role	Male	27 Year(s)

LDSS Response

The SW at the OBGYN reported the BM's pregnancy was high risk. The BM reported an incident of DV from 9/14 with the biological father (BF) where the BM was arrested and incarcerated for three days. The charges were subsequently dropped. The BM further stated the BF was emotionally abusive. The BM told the SW that the 4yo half-brother attempted to stab the BM with a nail file so the SW wanted her to follow up with MH for him and to see the pediatrician. The other concern the SW had was that the maternal grandmother (MGM) was using crack cocaine and the BM was allowing the children to be watched by the MGM.

The OBGYN SW referred the family for Family Preservation services on 12/18/14 but the BM did not follow through. The SW also referred the BM for MH services and scheduled an appointment but it was unknown if she followed through. The SW offered DV services and parenting education but the BM declined.

MCDHS followed up with the concerns of drug use by the BM and the MGM as well as the DV between the parents. The parents admitted to the only DV incident that occurred in 9/14 but reported they had both been drinking. The BM agreed to not allow the children to be with the MGM unsupervised and she would refrain from using drugs. She further agreed to refrain from DV in the presence of the children. MCDHS encouraged the BM to re-engage in MH services and referred the family for bereavement services but the BM declined to engage. MCDHS assisted with funding for funeral services and obtaining new housing assistance.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review



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Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile



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	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed and placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity

Have any Orders of Protection been issued? No

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? Yes

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome



CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/28/2012	4561 - Sibling, Female, 6 Years	4541 - Mother, Female, 30 Years	Inadequate Guardianship	Unfounded	No
	4561 - Sibling, Female, 6 Years	4541 - Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Unfounded	
	4562 - Sibling, Male, 15 Years	4541 - Mother, Female, 30 Years	Inadequate Guardianship	Unfounded	
	4562 - Sibling, Male, 15 Years	4541 - Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:
 The SCR report alleged the BM smoked marijuana and drank alcohol to the point of intoxication in the presence of the 4yo half-brother and the 6yo half-sister who were 1 and 3yo at the time. As a result the BM could not provide a minimum degree of care for the children.

Determination: Unfounded **Date of Determination:** 11/16/2012

Basis for Determination:
 The BM admitted to MCDHS that she smoked marijuana outside when the children were asleep. MCDHS advised the BM not to smoke in the presence of the children and ensure proper supervision while the children were asleep. During each visit with the family, the BM did not appear to be under the influence of any substance. MCDHS continued to meet with the family and address any concerns that arose. The BM engaged with preventive and MH services.

OCFS Review Results:
 MCDHS conducted an adequate assessment of immediate danger to all children named in the report within 24 hours, completed adequate safety and risk assessments, and implemented appropriate safety plans when needed. Service needs were adequately assessed and offered when necessary. MCDHS gathered sufficient information and appropriately determined each allegation of abuse and maltreatment.

Are there Required Actions related to the compliance issue(s)? Yes No

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/26/2015	5371 - Sibling, Female, 1 Years	4592 - Father, Male, 40 Years	Inadequate Guardianship	Unfounded	No

Report Summary:
 On 3/26/15, MCDHS received an SCR report alleging IG against the BF regarding the 1yo sister. The report alleged the BM was a high risk pregnancy and was in labor delivering twins. If the BM left the hospital, she or the twins could die without medical intervention. The BF was aware and caring for the 1yo sister who had a medical condition. The BF became angry with the BM and dropped the 1yo sister at the hospital with no medication, provisions, or a plan. The BM had no one to care for the child and was in need of immediate placement.

Determination: Unfounded **Date of Determination:** 07/24/2015

Basis for Determination:
 MCDHS found the BF left the 1yo sister at the hospital with the BM because she was angry at the BF and refused to send



her home. The BM planned to leave the hospital but decided against it after the physician explained that the twins could die and she would go into labor. Once MCDHS became involved, the BM contacted the BF who picked up the 1yo sister.

The SCR report was appropriately unfounded and closed on 7/24/15. MCDHS deemed the 1yo sister was not placed in imminent risk of harm and the BF provided a minimal degree of care. The 1yo sister was in the care of the BM during that time and although she was having contractions, she was not in labor.

OCFS Review Results:

MCDHS conducted an adequate assessment of immediate danger to all children named in the report within 24 hours, completed adequate safety and risk assessments, implemented appropriate safety plans when needed, and service needs were adequately assessed and offered when needed. All appropriate collateral contacts were made. MCDHS gathered sufficient information and appropriately determined each allegation of abuse and maltreatment.

Are there Required Actions related to the compliance issue(s)? Yes No

CPS - Investigative History More Than Three Years Prior to the Fatality

MCDHS received four SCR reports regarding the family between 11/3/08 and 1/12/11. The allegations were IG, PDAM, Lack of Supervision, and/or Choking/Twisting/Shaking against the BM and in one report IG against the 4yo's father. The maltreated children in three reports were the 6yo half-sister and/or the 4yo half-brother and in the final report were three children under 6yo.

The concerns in the reports were DV between the BM and the 4yo's father or the 6yo's father, the BM's marijuana use at the 6yo half-sister and the 4yo half-brother's birth, and the BM was violent towards the 6yo half-sister and left her alone. In one report, it was alleged the BM provided day care to three children and left them alone.

MCDHS found the BM tested positive for marijuana at the birth of the children but there were no negative effects as a result. MCDHS offered substance abuse services which she accepted after the half-sister's birth but not after the half-brother's birth. MCDHS offered DV services to the BM who declined.

The BF was listed in one report in 2007 regarding a now 13yo unrelated child (URC) who was then 5yo. The report alleged IG against the URC's mother and the BF and PDAM against the URC's mother. The report alleged the BF was aware the URC's mother was using drugs in the presence of the child and did not intervene. There were further allegations against the URC's mother.

MCDHS UNF each of the SCR investigations as there was no evidence found to support the allegations.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

Services Open at the Time of the Fatality



Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

MCDHS contracted with an agency to provide three preventive service cases. Each case closed unsuccessful as the BM did not meet with the provider as required.

The 4/5/11-5/18/12 case opened due to DV between the BM and the 4yo half-brother's father, her marijuana use, and she was depressed with minimal supports. The provider helped with transportation, clothing, furniture, food and appointments. The BM started MH and substance abuse services but stopped attending.

The 10/31/12-6/12/13 case opened as the BM was overwhelmed, depressed, and used marijuana. The provider helped with her temporary assistance case, transportation, clothing, furniture, appliances and appointments. The BM was not consistent with attending MH or substance abuse treatment. After a review of the case, the BM did not have consistent child care and missed appointments as a result. There was no documentation day care services were offered.

A family preservation case was open from 1/2/15-2/6/15 as the BM had four children and was pregnant with twins. The BM had a history of depression, trauma, drug use, she was not in MH treatment, and had little to no supports. The MGM who used cocaine was initially in the home but moved out. The BF was abusive and controlling. The providers assisted the BM make a safety plan for the children, helped with her temporary assistance case, obtain food, and appliances.

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality



Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No